CHECK ONE:		FORM	STATEMENT
☐ This is an initial* Statement of Organization	M ETHIOS AMI	DR-1	OF ODG ANIZATION
This is an amended* Statement of Organization	The second of th	(Rev. 01/2006)	ORGANIZATION
Con it	itter's assessing contributions	For Office Hos (Only 0610
*An initial Statement of Organization must be filed within 10 days of the commaking expenditures, or incurring indebtedness exceeding \$750. Amen	iillee's accepting contributions. เสริกัติสะ hAfileลี Mither 3นี้ มีลงร of	For Office Use C	9/11/5
a change. Penalties may be imposed for late-filed Statements of Organization	A candidate with an open	Indexed	1000
committee that exceeds \$750 in activity for another office shall file within 10 c	ays either a new or amended	Audited	······································
DR-1 disclosing information concerning the campaign for the new office soug	ht.	Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the committee m	andidate's last name in the name of	the committee.)	
Notice County Oscilian Cont	and Companillan		
Dubugue County Republican Cent	al Committee		
IMPORTANT: Indicate type of committee you are reporting for:	teterride DAC (2)State Borty (4	County Control Co	mmittaa
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) S (5) County Candidate (6) City Candidate (7) School Board or Other Po			
(10)School Board or Other Political Subdivision PAC (11) Local Ballo	Issue (including committee invo	lved in multiple city	/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a c	andidate's committee)
Matthew Gress	Brian Gilligan		
Whatenew Glese	brian Gilligan		
Mailing Address Mineral St	Mailing Address ↓ ₩ curd	Rd	
City, State ↓ ↓ Zip Code ↓ ↓	City_State ↓ ↓ Zip Code ↓ ↓		
Nubue ut , 14 52001	Sheall, 1A 5207	3	
	·	_	
Phone (563)564-6388	Phone (563) 552 -1789	<i>3</i> 1	
e-Mail maff@gieseco. Com	e-Mail bgilligan@vam	quardtons.re	3 YN
INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	cate for/against cardidate(s)	vocate for ballot issu	ue(s)
Comment or description:		dvocate against ballo	
All Candidates Enter:	County/Local Candidates a		
Office Sought:			
	County:(If active in multiple ballot iss	uo alactione attach li	ict of counties
Political Party (if applicable)	(if active in multiple ballot iss	ue elections, attacti i	ist of counties
District:	Date of Election:		
Year Standing for Election:			
Bank Account Name	Candidate name & Address or P		
Dubugue County Republican		arent Entity (PACs, affiliate, or Sponsor	
Bank Account Name Dubuque County Republican Cental Committee			
Bank Account Name Dubuque County Republican Cental Committee			
Bank Account Name Dubuque County Republican Cental Co.nm. 4tee Name of Financial Institution/type of Account,	↓ ↓ · · · <u>·</u>		
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Bank Account Name Dubuque County Republican Cental Co.nm. 4tee Name of Financial Institution/type of Account,	↓ ↓ · · · <u>·</u>		
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Bank Account Name Dubuque County Republican Cental Committee Name of Financial Institution/type of Account Dubuque Bank & Trust / Checking Mailing Adress I Har Central City State Jajp J State Jajp J STATEMENT OF AFFIRMATION: By filing this document the committee affin 1. The committee and all persons connected with the committee understand that trules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A 402 and rule 351—4 9 require the filing of disclosure.	Mailing Address City Phone () e-Mail ms the following: hey are subject to the laws in lowa Co	State ↓ ↓ de chapters 68A and 6 ese reports on or befo	Zip ↓ ↓ S8B and the administrative re the required due dates
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FOR INSTRUCTIONS, SEE BACK OF FORM